



YOUTH COMMUNITY CORRECTIONS BUREAU
VOLUNTEER'S CONFIDENTIALITY AGREEMENT

I, _____, agree to respect the privacy of clients and to hold in confidence all information to which I may have access in the course of my work at _____.
(Location)

I understand that I may not discuss cases with anyone outside the agency, or with employees of the agency in any public place.

I understand that I may not, in documentation of my volunteer work at _____
(Location) _____, refer to any specific youth or include case details that would identify any individual youth who is under the supervision of Juvenile Parole.

I understand that I am not allowed to take, or to accept for any purpose, photographs of youth under parole supervision.

VOLUNTEER'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE